

SOME FORMS MAY CONTAIN INFORMATION THAT IS PROTECTED FROM RELEASE UNDER THE
FREEDOM OF INFORMATION ACT

THIS IS PART OF A LIMITED USE NAVAL AIRCRAFT INVESTIGATION REPORT
THIS FORM CONTAINS ONLY NON-PRIVILEGED INFORMATION AND SHOULD BE PLACED IN
PART A OF THE MISHAP REPORT
DO NOT ATTACH THIS FORM TO A JAG INVESTIGATION

1. General:

A. On flight Status (circle): YES NO B. Injury Classn: _____
C. Days Hospitalized: _____ D. Days in Qtrs: _____
E. Days Medically Grounded: _____ F. Unconscious (circle) YES NO
Duration: _____
(days/hours/mins/secs)

2. Injuries Incurred During Mishap:

(use additional sheets if necessary)

ICD Injury
Code Classn

Body Part			
Diagnosis			
Specific Cause			
Body Part			
Diagnosis			
Specific Cause			
Body Part			
Specific Cause			
Diagn			

3. Lab Tests

	Date Drawn (mmddy)	Elapsed Time	Lab Used	Tissue Used	Results	Normal Range	Within Range (Y/N)	Significant Results (Y/N)
Carbon Monoxide								
Alcohol								
Drug Screen								
Hgb/Hct								
Other:								
Other:								

Urinalysis: SP GR: _____ Dipstick: _____ Microscopic: _____
WNL?: _____ Other: _____
Elapsed time after Mishap (hours): _____

4. X-RAY Results: Performed (circle): YES NO WNL?: _____
Comments: (enclose results if pertinent)

Name: _____
Duty/Title: _____
Date of Mishap: _____
Reporting Custodian: _____

Mishap Severity: _____
Mishap Category: _____
Aircraft Model: _____
BUNO: _____

SOME FORMS MAY CONTAIN INFORMATION THAT IS PROTECTED FROM RELEASE UNDER THE
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5. Pre-existing Diseases and Diseases/Effects Present at Time of Mishap:

DIAGNOSIS	Discovery Method (X)				Waivers as applicable	
	Ann Phys	Sick Call	Autopsy	Other	Authority	Date

6. Smoking Data: Smoker? (circle): YES NO _____ # PACKS PER DAY

7. Autopsy Data: Conducted by/in Presence of (circle each applicable):
AFIP PATHOLOGIST CIVILIAN PATHOLOGIST FLIGHT SURGEON
OTHER MILITARY PATHOLOGIST OTHER _____

8. Injury Profile: mark or draw injury profile on diagram on page 3

9. Comments/Remarks:

Instructions for Completion of SIR Enclosure Form 03

1. Submit this form for each person who was injured or otherwise had a relevant medical finding.

2. General part 1: Flight Status, circle YES if on flight orders regardless of actual participation in mishap; otherwise, circle NO. Injury Classn, insert injury classification in accordance with Chapter 3 of OPNAVINST 3750.6R. Days Medically Grounded, for flight status personnel who are grounded, include day of mishap, but not day of return to flight status.

(continued on page 4)

Name: _____
Duty/Title: _____
Date of Mishap: _____
Reporting Custodian: _____

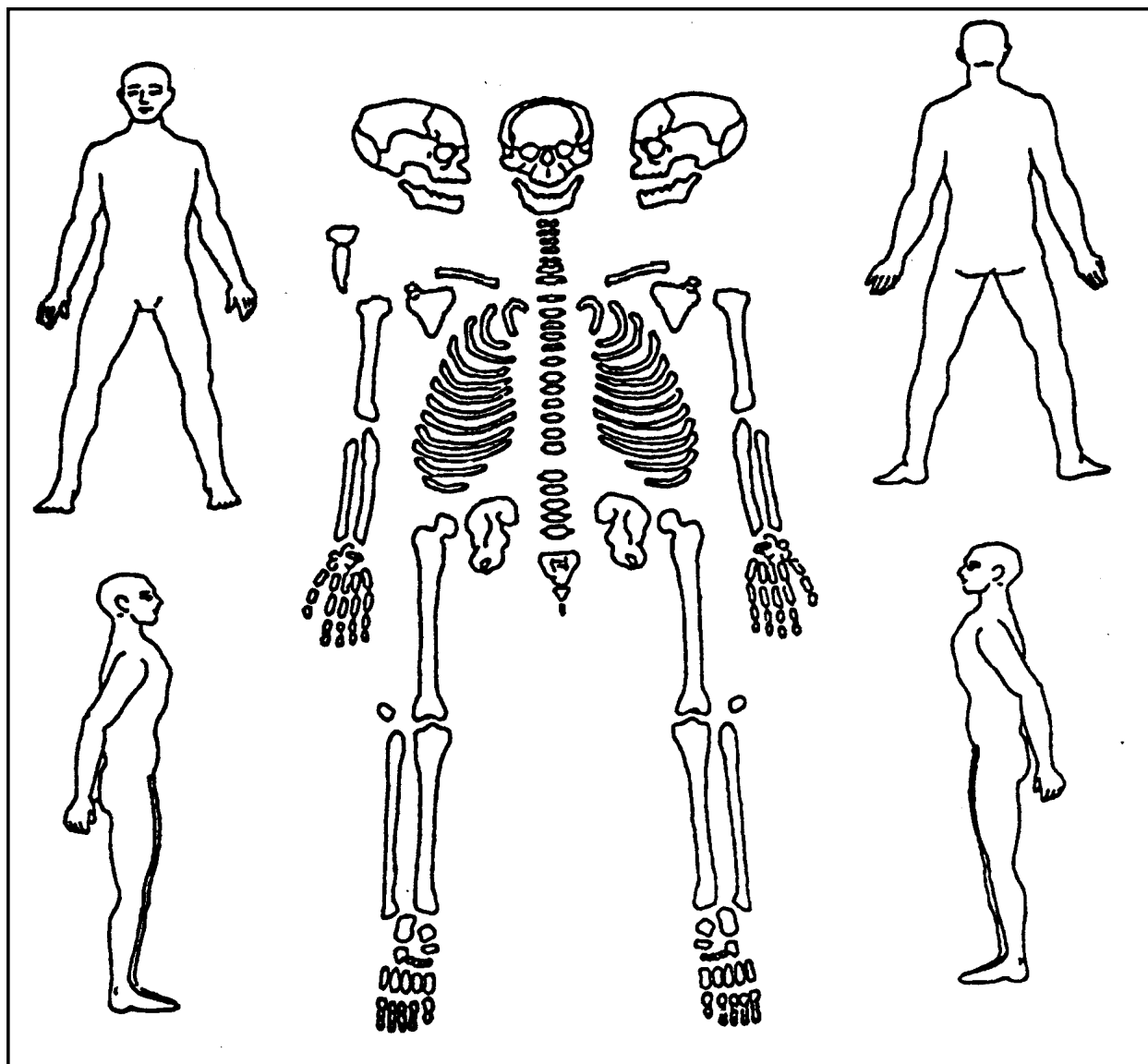
Mishap Severity: _____
Mishap Category: _____
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Injury Profile

Mark or draw injuries where applicable



Name: _____
Duty/Title: _____
Date of Mishap: _____
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Instructions for Completion of SIR Form 03
(continued from page 2)

3. Injuries Incurred During Mishap part 2: List Injuries in decreasing order of severity. In fatal cases, list primary cause of death first. Use standard medical terminology for body parts and diagnosis, and insert ICD code which most nearly describes injury in column provided. Indicate the estimated injury severity of each injury as if no other injury were present, using OPNAVINST 3750.6R. For "cause", briefly and specifically describe the mechanism of injury, e.g., "Hyperflexion, due to ejection. Indicate external factors which affected mechanism of injury only if those factors can be established with a reasonable degree of confidence, and describe means for establishing that confidence, i.e., "paint from seat found on helmet", "aircrew statement", "rescuer's statement", etc. In the event more than three injuries were sustained, list the remaining injuries on additional sheets. List all injuries (little things are important). Do not simply state "injuries multiple extreme" for fatalities.

Example:

Body Part	Lumbar Spine L-3		
Diagnosis	Small uncomplicated anterior compression Fx		
Specific Cause	Hyperflexion due to ejection forces		

4. Lab Tests part 3: Retain aliquot of frozen serum and urine at least 90 days for future use/verification. Elapsed Time, indicate time in hours and minutes from time of mishap to time specimen obtained. For all abnormal lab values, provide an explanation. State in the Aeromedical Analysis (AA) whether results were significant or not to the mishap. WNL? = Within Normal Limits.

5. X-RAY Results part 4: Spinal x-rays are required following all ejections/bailouts, crashes or as clinically indicated. Attach copy of x-ray reports to this form.

6. Preexisting Diseases/Defects part 5: List all known preexisting diseases/ defects and diseases/defects present at time of mishap. Include all defects listed in BLOCK 74 OF S.F. 88. such as defects of vision, hearing, etc.

7. Autopsy part 7: Circle as many selections as are applicable. Do not submit the SIR without the results of all toxicology, pathology and other studies. However, do not delay SIR submission because the results of formal reports are known, but the report is not yet available. Instead, Summarize the results in the SIR and forward the formal reports when they become available.

8. Injury part 8: Supplement Injury Profile diagram with photographs where possible. Attach additional sheets, as required. Send photos only to Naval Safety Center. Specify exact location of injuries, abrasions, amputations, burns (and degree), contusions, fractures and dislocations, etc. on the included diagram.

9. Comments/Remarks part 9: Use for listing additional injuries, laboratory values, or any other information considered germane to the investigation. Attach additional sheets as required. Do not include privileged information.

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Duty/Title: _____
Date of Mishap: _____
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Mishap Severity: _____
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